

# **TAC 04/13/06 Discussion Template for Service and Facility Specific Policies (cont.) and Compliance Monitoring**

## **III. Policy Questions to be Discussed 04/13/06**

### ***D. When are decision-making timeframes and what are the related considerations?***

#### **CON decisions should be made with the following factors in mind:**

- 1) use review cycles which specify certain decision dates and review periods, such as 90-day cycles with decision dates on the 15<sup>th</sup> of each quarter;
- 2) batch competing applications for similar service types and geographic areas into the same review cycles;
- 3) use expedited short cycles for simple unchallenged applications;
- 4) provide Request for Proposal invitations for CON proposals based on service needs determined in the state health plan.
- 5) Conduct post-decision monitoring for at least 5 years relative to scope of service, cost compliance and performance reporting.
- 6)
- 7)

### ***E. Where are the venues and methods for decision-making?***

#### **CON decisions should be rendered in a public forum using:**

- 1) use electronic applications, processing and reporting for public transparency, accountability and public input;
- 2) provide for public input after release of staff analysis using written response and public hearing formats allowing for public interaction between applicant and decision-maker;
- 3) assure that burden-of-proof is on the applicant to provide documentation of community need and detailed responsiveness to CON criteria and standards;
- 4) allow for negotiation prior to decision in order to adjust project size, cost and scope to accommodate demonstrated needs;
- 5)

### ***F. Why are decisions made, including rationale and impact?***

#### **CON decisions should be based on state health plan provisions and community responsiveness including the following provisions:**

- 1) planning-based, analytically-oriented, evidence-based criteria and standards which are updated at least bi-annually;
- 2) structured to compensate for market deficiencies and limitations, anticipate changes in market dimensions, and foster efficiency and delivery competitiveness;

- 3) designed to highlight and accentuate quality;
- 4) promotes economic and quality competition within the context of health care market realities;
- 5)
- 6)

***G. How are compliance activities conducted?***

**Conduct post-decision monitoring relative to following factors.**

- 1) make the length of compliance oversight for at least five years;
- 2) provide for annual reporting of service utilization and costs;
- 3) cross-check licensing, certification, registration and/or reimbursement sources about scope of services and costs;
- 4) establish curtailment of services, fees or other penalties for non-compliance;
- 5) limit CON to no more than one-year before capital expenditure and no more than two years to commencement of service;
- 6) provide for progress reports each six months after decision until commencement of service, then documentation of completed costs;
- 7) maintain communication between state agencies about project development and operational progress;
- 8)
- 9)

***H. What data sources are used to monitor health services?***

**Services requiring CON review should be established and/or enhanced to support application analysis and performance monitoring:**

- 1) provide for the reporting of occupancy and other utilization data for all related long-term care and acute care services, both inpatient and outpatient, in all service settings;
- 2) data should be acquired and reported by an independent state agency using consistent and reliable performance measures;
- 3) feedback mechanisms should be established to periodically update data to be responsive to the analytical and compliance needs of CON;
- 4) data should be publicly available for applicants and observers to assure transparency within the monitoring system;
- 5)
- 6)